



Health Tourism International Chamber of Commerce
 PO Box: 32534. Newark, NJ 07102
 PH : (866) 737-3779 Fax: (888) 370-4205
chamberinfo@hippocratesaward.com www.hticc.hippocratesaward.com

Membership Application

Organization Name: _____

Street Address: _____ Suite: _____

City: _____ State: _____ Zip: _____ -- _____ Country: _____

Mailing Ad dress: if different than street address) _____

City: _____ State: _____ Zip: _____ -- _____ Country: _____

Organizational E-mail Address: (example: info@mycompany.com) _____
 (will be used on the Chamber web site, address will not be exposed; Yahoo/AOL members may not receive information due to SPAM blockers)

Contact email address _____
 (Will be used by the Chamber to communicate with you)

Web Address: _____
 (Will be used in printed Membership Directory)

Main Telephone: _____ Fax: _____ Cell _____
 (Will be used in printed Membership Directory and on web site)

Designated Member: Mr. Ms. Mrs. Dr.

First Name: _____ Last Name: _____ Title: _____

Home Ad dress: _____

City: _____ State: _____ Zip: _____ County _____
 (By signing, you are stating that you have read and agree to the terms and conditions on the reverse side.)

My business is: Home-based Woman-owned Minority-owned

Business Classification - Print (will be used in printed Membership Directory and on Web site):

Business Classification - Web (will be used on Web site only):

Applicant Signature: _____ Chamber Representative(s): _____

Membership Level:

- General Premier Board of Advisors President's Club
- Associate Associate of Premier Associate of Board of Advisors Associate of President's Club
- Upgrade to Premier Upgrade to Board of Advisors Upgrade to President's Club

Annual Dues: \$ _____

TOTAL: \$ _____

Check # _____

Cash

Visa MC Discover

AMEX



Please attach a business card to the application.
 (Will be used in printed Membership Directory and on web site)

I agree to pay the total amount according to the card issuer agreement.

Credit Card # _____ Exp Date _____

Name _____ Code: _____

Applicant Signature: _____ Chamber Representative(s): _____

"In the beginning everything was like it"



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Terms & Conditions:

- Memberships are held in the name of the business/firm.
- One person (designated member) represents the firm, is entitled to one vote, enjoys discounted rates on certain programs, receives all mailings and may participate on committees.
- The annual dues paid by each member include a subscription to the Chamber's monthly news magazine, The Hipponews.
- All memberships shall be continuous unless cancelled (A) in writing by the member, (B) by the Chamber for non-payment of dues, or (C) for non-compliance with Chamber policies.
- Membership dues investment is non-refundable.
- Membership plaques are the property of the Health Tourism International Chamber of Commerce and are required to be returned if membership is cancelled for any reason.
- Membership in the Health Tourism International Chamber of Commerce may be revoked according to the terms set forth in its by-laws.
- IRC section 6033 (e)(1)(A): requires exempt organizations that pay / incur non-deductible lobbying expenses to notify members of its reasonable estimate of the portion of the dues allocated to non-deductible lobbying expenses. Accordingly, 10% of your dues investment is considered allocable to lobbying expenses and is not deductible for federal income tax purposes. 90% of your dues investment usually is tax deductible as an ordinary and necessary business expense. *
- The Chamber may send communications to the organizational e-mail, personal e-mail and fax number provided to keep you updated on urgent business issues, recent referrals and referral summaries, Chamber events and Chamber programs.
- By providing e-mail addresses and a fax number, you are stating you are authorized to and hereby consent for the company/organization to receive faxes and/or e-mails sent by or on behalf of the Health Tourism International Chamber of Commerce
- If a member's dues shall become delinquent for a period of thirty (30) days the delinquent member may no longer be in good standing and shall forfeit the right to vote and a notice of delinquency shall be given to the delinquent member. If delinquent dues are not brought current within ten (10) days after a notice of delinquency, membership may be terminated by designated Chamber administrative staff .
- Any member wishing to indicate on his/her business web site that he/she is a member of the Chamber shall do so only with the consent of the Chamber and in a form approved by the Chamber.
- Dues are for a period of one-year from date of inception
- Employee counts are reviewed annually and dues are adjusted up or down based on employee count at time of renewal.
- Proud Member logos are for member use only and must be dropped from all materials upon termination of membership for any reason.
- Membership is not a guarantee of health coverage in the Chamber Health Plan.
- Membership is not contingent upon approval of any business for the Chamber Insurance program.
- Membership dues will not be refunded if member does not elect or secure insurance through the Chamber Health Plan for any reason.

*** INSTRUCTIONS: Please print or type the information requested. Sign your name in the place indicated on the back. Enclose a check, money order, or credit card authorization and fax or mail

SUBMISSION

Mail this

Application with

Payment to: Health Tourism International Chamber of Commerce

PO Box: 32534. Newark, NJ 07102 o Fax To: Fax :(888)370-4205